



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

One South Station

Boston, Massachusetts 02110-2208

APPLICATION FOR INDIVIDUAL REINSURANCE INTERMEDIARY LICENSE

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Return this application with a check for \$200.00 made payable to the Division of Insurance

NOTE: fees are non-refundable

- **Please Note – Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.**

Non-Residents must also:

- Provide an original certificate of good standing, not more than 90 days old, from their home state.

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance

Producer Licensing Section

One South Station

Boston, Massachusetts 02110 - 2208

Please Print or Type

To the Commissioner of Insurance:

_____ New Application

_____ Renewal Application

Application is hereby made for a Reinsurance Intermediary License issued to:

1. Name of Applicant: _____
Last First Middle Jr./Sr.
2. Capacity in Which You Intend To Act: () Reinsurance Intermediary Broker
() Reinsurance Intermediary Manager
3. Social Security #: _____
4. Date of Birth: ____ / ____ / ____
5. Home Address: _____
Street City State Zip
6. Tel # () _____
7. Business Address: _____
Street City State Zip
8. Tel # () _____
9. Check One: () Massachusetts Resident License () Nonresident License
10. Lines of Insurance: () Accident & Health () Life () Fire & Casualty

Note Regarding Resident Reinsurance Intermediary Applicants: Each applicant for a license to act as a resident reinsurance intermediary must have been licensed as an insurance agent, broker or producer for the lines for which he intends to transact business as a reinsurance intermediary for a period of at **least three years** prior to applying for such a license. **Such insurance producer license must be maintained in order for a resident reinsurance intermediary license to be maintained.**

11. Residence (last 10 years) _____
Street City State Zip
Residence (last 10 years) _____
Street City State Zip
12. Occupation and Business Affiliations (last 10 years):
From ____ / ____ / ____ to ____ / ____ / ____ Duties or Title: _____
Employer's Name: _____
Address: _____
Street City State Zip

26. **NONRESIDENT APPLICANTS**
Pursuant to M.G.L. c. 175, § 177O(D)(2), I designate the Commissioner of Insurance as producer for service of process in the manner and with the same legal effect provided for by M.G.L. c. 175B for designation of service of process upon unauthorized insurers.
27. **I have read and am familiar with the insurance laws of Massachusetts regarding insurance and the duties and obligations of reinsurance intermediaries. I intend to act and hold myself out and carry on business in good faith as a reinsurance intermediary producer or reinsurance intermediary manager. If this application is for a resident reinsurance intermediary application, I hereby verify that I will maintain an individual insurance producer license in the line(s) in which I intend to transact business as a reinsurance intermediary producer or manager. I hereby verify the foregoing answers and statements and declare they were made under the penalties of perjury.**
At any time, if the above information changes, I will promptly notify your office.
This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth’s insurance and tax laws.

Dated at _____ this _____ day of _____ , _____
YEAR

_____, Applicant _____
full signature print name

Please Note: This application must be signed by the applicant personally.